

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUN -2 PM 12:00

DOCUMENT # V33394

1. Corporation Name

AUTOTRANSFUSION PROFESSIONALS INCORPORATED

Principal Place of Business

Mailing Address

14120 Harpers Ferry St
Davie FL 33325

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/4/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0400337

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	JOHN M. INGRAM	14120 Harpers Ferry St Davie FL 33325	100002199901--5 -06/03/97--01068--003 ***1245.00 ***1245.00

REINSTATEMENT 94-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JOHN M. INGRAM
14120 Harpers Ferry St
Davie FL 33325

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

JUN 2 1997
5/30/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. INGRAM

Date

Daytime Phone #

5/30/97 472-4533

954

CR2000 (12/96)

Autotransfusion Professionals Inc.

Consultants in Autotransfusion Services

V33394

MAY 30, 1997

MR. T. LEWIS
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Dear Mr. Lewis:

Enclosed please find an application for the reinstatement of my corporation. I would greatly appreciate if it is processed as soon as possible. Thank you.

Sincerely,

John M. Ingram

John M. Ingram
President

JMI/iz

Enclosure: Check # 265

RECEIVED
97 JUN -2 AM 9:11
DIVISION OF CORPORATIONS

